

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship  
are as stated below next to my name.

5           I believe I am the original, first and sole  
inventor (if only one name is listed below) or an  
original, first and joint inventor (if plural names are  
listed below) of the subject matter which is claimed  
and for which a patent is sought on the invention  
10          entitled APPARATUS AND METHOD FOR THE REPAIR OF  
ARTICULAR CARTILAGE DEFECTS (Attorney's Docket No.  
SCAN-1), the specification of which is attached hereto.

I hereby state that I have reviewed and understand  
the contents of the above-identified specification,  
15          including the claims.

I acknowledge the duty to disclose information  
which is material to the examination of this  
application in accordance with Title 37, Code of  
Federal Regulations, Section 1.56(a).

20          I hereby claim priority benefits under Title 35,  
United States Code, Section 119(e), of U.S. Provisional  
Patent Application Serial No. 60/326,293, filed  
10/01/01 by Paul Re and Mark A. Johanson for APPARATUS

SCAN-1

AND METHOD FOR THE REPAIR OF ARTICULAR CARTILAGE  
DEFECTS (Attorney's Docket No. SCAN-1 PROV).

I hereby appoint Pandiscio & Pandiscio, a firm composed of Nicholas A. Pandiscio, Registration No. 5 17,293, Mark J. Pandiscio, Registration No. 30,883, Scott R. Foster, Registration No. 20,570, and James A. Sheridan, Registration No. 43,114, or any of them, of 470 Totten Pond Road, Waltham, Massachusetts 02451, (Telephone No. 781-290-0060), my attorneys with full power of substitution and revocation, to prosecute this 10 application and to transact all business in the Patent Office connected therewith.

Please direct all correspondence in this matter to:

15                   Mark J. Pandiscio  
                      Pandiscio & Pandiscio, P.C.  
                      470 Totten Pond Road  
                      Waltham, MA 02451-1914  
                      Tel.: 781 290 0060  
20                   Fax.: 781 290 4840

Please direct all telephone calls to:

                     Mark J. Pandiscio or  
                      Nicholas A. Pandiscio

I hereby declare that all statements made herein  
of my own knowledge are true and that all statements  
made on information and belief are believed to be true;  
and further that these statements were made with the  
5 knowledge that willful false statements and the like so  
made are punishable by fine or imprisonment, or both,  
under Section 1001 of Title 18 of the United States  
Code and that such willful false statements may  
jeopardize the validity of the application or any  
10 patent issued thereon.

Inventor's signature: \_\_\_\_\_

Inventor's full name:

Paul Re

15 Date: \_\_\_\_\_

Residence:

38 Robbins Road

Lexington, MA 02421

Postal address:

Same

Citizenship:

USA

20

Inventor's signature: \_\_\_\_\_

Inventor's full name: Mark A. Johanson

Date: \_\_\_\_\_

Residence: 5 Harvest Lane

5 Littleton, MA 01460

Postal address: Same

Citizenship: USA

10 Inventor's signature: \_\_\_\_\_

Inventor's full name: Peter F. Marshall

Date: \_\_\_\_\_

Residence: 1842 Shirley Road

Lancaster, MA 01523

15 Postal address: Same

Citizenship: USA

KT/SCAN1.APC

SCAN-1

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ARTICULAR CARTILAGE DEFECTS, the specification of which  
was filed on 10/01/02, assigned Serial No. 10/261,899  
and identified by Attorney's Docket No. SCAN-1.

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jeopardize the validity of the application or any  
patent issued thereon.

15

Inventor's signature:



Paul Re

Inventor's full name:

✓ 12/2/2

Date:

Residence:

38 Robbins Road

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Lexington, MA 02421

Postal address:

Same

Citizenship:

USA

5 Inventor's signature:   
Inventor's full name: Mark A. Johanson  
Date: ✓ 12/12/2

Residence: 5 Harvest Lane  
Postal address: Littleton, MA 01460  
Citizenship: Same  
USA

10 Inventor's signature:   
Inventor's full name: Peter F. Marshall  
Date: ✓ 12/12/2

Residence: 1842 Shirley Road  
Postal address: Lancaster, MA 01523  
Citizenship: Same  
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